

**CIA INTERNAL USE ONLY**  
**SECRET**  
(When Filled In)

<b>PERSONALITY (201) FILE REQUEST</b>																																																																					
<b>TO</b> RI/ANALYSIS SECTION				<b>DATE</b> 7 Jul 58		<b>ACTION</b>																																																															
<b>FROM</b> EE/G/L [ ]				<b>ROOM NO.</b> 2209-K		<b>TELEPHONE</b> 2451																																																															
<p><b>INSTRUCTIONS:</b> Form must be typed or printed in block letters.</p> <p><b>SECTION I:</b> List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.</p> <p><b>SECTION II:</b> List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.</p> <p><b>SECTION III:</b> To be completed in all cases.</p>																																																																					
<b>SECTION I</b>																																																																					
<input checked="" type="checkbox"/> SENSITIVE <input type="checkbox"/> NONSENSITIVE		<b>201 NO.</b>		<b>1. SOURCE DOCUMENT</b> Att/EGQA-92811, 20 sep 57																																																																	
<b>NAME</b> (Last) <b>BLUENLHUBER</b> (First) <b>Franz</b> (Middle) (Title)		<b>SEX</b> 3.		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																																	
<b>NAME VARIANT</b>																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">TYPE</th> <th style="width: 10%;">NAME</th> <th style="width: 10%;">(Last)</th> <th style="width: 10%;">(First)</th> <th style="width: 10%;">(Middle)</th> <th style="width: 10%;">(Title)</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										TYPE	NAME	(Last)	(First)	(Middle)	(Title)																																																						
TYPE	NAME	(Last)	(First)	(Middle)	(Title)																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">PHOTO</th> <th style="width: 10%;">4.</th> <th style="width: 10%;">BIRTH DATE</th> <th style="width: 10%;">5.</th> <th style="width: 10%;">COUNTRY OF BIRTH</th> <th style="width: 10%;">6.</th> <th style="width: 10%;">CITY OR TOWN OF BIRTH</th> <th style="width: 10%;">7.</th> <th style="width: 10%;">OTHER IDENTIFICATION</th> <th style="width: 10%;">8.</th> </tr> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> <td>30-01-97</td> <td>GERM</td> <td>MUNICH</td> <td> </td> <td>1. 2. 3.</td> <td> </td> </tr> <tr> <td colspan="8" style="padding: 5px;"><b>OCCUPATION/POSITION</b> Criminal Inspector</td> <td colspan="2" style="padding: 5px;"><b>OCC./POS. CODE</b> 9. LAA</td> </tr> </table>										PHOTO	4.	BIRTH DATE	5.	COUNTRY OF BIRTH	6.	CITY OR TOWN OF BIRTH	7.	OTHER IDENTIFICATION	8.	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	30-01-97	GERM	MUNICH		1. 2. 3.		<b>OCCUPATION/POSITION</b> Criminal Inspector								<b>OCC./POS. CODE</b> 9. LAA																															
PHOTO	4.	BIRTH DATE	5.	COUNTRY OF BIRTH	6.	CITY OR TOWN OF BIRTH	7.	OTHER IDENTIFICATION	8.																																																												
YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	30-01-97	GERM	MUNICH		1. 2. 3.																																																													
<b>OCCUPATION/POSITION</b> Criminal Inspector								<b>OCC./POS. CODE</b> 9. LAA																																																													
<b>SECTION II</b>																																																																					
<b>CRYPTONYM</b>					<b>PSEUDONYM</b>																																																																
<b>SECTION III</b>																																																																					
<b>COUNTRY OF RESIDENCE</b> 10. WGER			<b>ACTION DESK</b> 11. EE/G/L		<b>SECOND COUNTRY INTEREST</b> 12.		<b>THIRD COUNTRY INTEREST</b> 12a.																																																														
<b>COMMENTS:</b> Employed Mar 1953 by LfV Bavaria																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"><b>PERMANENT CHANGE</b></td> <td colspan="3" style="padding: 5px;"><b>RESTRICTED FILE</b></td> <td colspan="4" style="padding: 5px;"><b>SIGNATURE</b></td> </tr> <tr> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td colspan="4" style="padding: 5px;">201 -</td> </tr> </table>										<b>PERMANENT CHANGE</b>			<b>RESTRICTED FILE</b>			<b>SIGNATURE</b>				YES	<input checked="" type="checkbox"/>	NO	YES	<input checked="" type="checkbox"/>	NO	201 -																																											
<b>PERMANENT CHANGE</b>			<b>RESTRICTED FILE</b>			<b>SIGNATURE</b>																																																															
YES	<input checked="" type="checkbox"/>	NO	YES	<input checked="" type="checkbox"/>	NO	201 -																																																															

Form No. 831 Use previous editions.  
1 Oct. 56

**SECRET**  
**CIA INTERNAL USE ONLY**

**PUNCHED** (38)

DECLASSIFIED AND RELEASED BY  
CENTRAL INTELLIGENCE AGENCY  
SOURCE METHOD EXEMPTION 3B2B  
NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2008

BEST AVAILABLE COPY